



**Return completed form to the GIC Coordinator
at your Benefits Office.
Do not return to the GIC**

01 ☐

Insured's GIC-ID (usually Soc. Sec. #)		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth / /		Dept. ID # or Agency/Division # /		Check one: <input type="checkbox"/> Retiree Date of retirement ____/____/____ <input type="checkbox"/> Survivor		For Agency Use Only		
Name - Last			First		MI						
Address				City			State		Zip Code		
Retiree/Survivor from (check one): <input type="checkbox"/> MBTA <input type="checkbox"/> Tobin Bridge <input type="checkbox"/> Mass Turnpike <input type="checkbox"/> Sheriffs (fill in name): _____								Home Phone ()			
02 <input type="checkbox"/> BASIC LIFE & HEALTH COVERAGE								Effective Date: / 01 /			
New Enrollment <input type="checkbox"/>		Decline Coverage <input type="checkbox"/>		Cancel Coverage <input type="checkbox"/>		Insured's Medicare claim number:					

☐ **Basic Life and Health** (Select one of the health plans below and individual or family coverage)

☐ **Basic Life Only**

Note: Survivors not eligible for Basic Life

Health Plan – Medicare Retirees / Survivors

☐ **Fallon Senior Plan (HMO)**

If enrolling in this Medicare plan, the GIC will notify the plan to forward their Medicare application to you to complete and return.

☐ **Harvard Pilgrim Medicare Enhance (Indemnity)**☐ **Health New England MedPlus (HMO)**☐ **Tufts Medicare Complement (HMO)**☐ **Tufts Medicare Preferred (HMO)**☐ **UniCare State Indemnity Plan / Medicare Extension (OME) (Indemnity)**CIC: ☐ Yes ☐ No

Coverage

☐ Individual

☐ **Family**

SPOUSE/DEPENDENT INFORMATION

List below all family members, including your spouse or former spouse (if eligible), who will be covered under your health plan. Attach a separate sheet if additional space is required. Please provide all Social Security Numbers (required under Federal Law Section 111) and exact dates of birth for each dependent. Coverage for children ends at age 19; to continue their coverage you must complete and return to the GIC a Dependent Age 19 to 26 Enrollment Form. **Important:** The Group Insurance Commission requires you to provide a copy of a marriage certificate, birth certificate, certificate of appointment as legal guardian, legal separation agreement, and divorce decree for each person you list as a dependent.

Last Name	First	Middle	Relationship	Date of Birth	Sex	Social Security Number (required)

Effective date:

SPOUSE INFORMATION – Only complete if covering a spouse

Is your spouse employed? ☐ Yes ☐ No Name of employer _____ Address of employer _____

Is your spouse covered under his or her employer's group health insurance plan? ☐ Yes ☐ No Name of insurance company _____

Policy/Certificate Number _____ Address of insurance company _____

Are you and/or your children covered under your spouse's group health insurance plan? You: ☐ Yes ☐ No Children: ☐ Yes ☐ No

Is your spouse enrolled in Medicare? ☐ Yes ☐ No If yes, Medicare claim number _____

FORMER SPOUSE INFORMATION – Only complete if covering a former spouse

Name _____ Social Security Number _____ Date of Birth _____ Date of Divorce _____

Last First Middle

Address _____

Street City State Zip Code

Is your former spouse employed? ☐ Yes ☐ No Name of employer _____

Is your former spouse covered under his or her employer's group health insurance plan? ☐ Yes ☐ No

Deduction Authorization: I authorize my employer, or direct my pension authority, to deduct from my payroll or pension check the amount required for the coverage I have selected.

Health Insurance: I understand that once I choose a health plan, I cannot change plans until the next annual enrollment, even if my doctor or hospital leaves the plan.

Medicare Part B: I understand that if I cancel Medicare Part B coverage, I will no longer be eligible for GIC Coverage.

Survivors: I am a surviving spouse and certify that I have not remarried and understand that if I do remarry I am no longer eligible for GIC coverage.

SIG
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x _____ x _____

Signature of Applicant Date Signature of Authorized Official Date

FOR GIC USE ONLY:	Entered	Verified	Political Subdivision
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RETURN COMPLETED FORM TO THE GIC COORDINATOR IN YOUR BENEFITS OFFICE.

MBTA MED 3/13